

**REVOCATION OF POWER OF
ATTORNEY AND NEW POWER OF
ATTORNEY AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/705,652
Filing Date	November 10, 2003
First Named Inventor	Peter Callas
Art Unit	3731
Examiner Name	Michael Mendoza
Attorney Docket Number	80121-08601

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:

☒ Practitioners at Customer Number **00758** OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address to, and associate the above-identified application with:

☒ Practitioners at Customer Number **00758**

OR

<input type="checkbox"/> Firm or Individual Name	DO NOT FILL IN – MAKE SURE CUSTOMER NUMBER FILLED-IN				
Address	DO NOT FILL IN				
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

- ☐ Applicant/Inventor.
- ☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Bridget A. Cooney
Title	Assistant Secretary
Signature	Bridget A. Cooney
Date	March 30, 2007

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☐ *Total of _____ forms are submitted.